ADA ACCOMMODATION REQUEST



The Town of Ashland prohibits discrimination against individuals with disabilities in its services, programs, accessibility and activities.

IMPORTANT:

- Form must be signed.
- Please submit signed and completed form to:

ADA COORDINATOR TOWN OF ASHLAND 121 THOMPSON STREET ASHLAND, VA 23005

ASHLAND, VA 23005		
TYPE OF ACCOMMODATION	N:	
Service/Program Facili	ity Accessibility Communica	tion Employment
Other (please explain)		
CONTACT INFORMATION:		
Requesting Individual		
Name:		
Phone Number:		
Address:		
City/Town:		
Email Address:		
☐ By checking this box, you indicate that you	do not want your email address disclosed.	
On Behalf Of (if different than Requesting Individual)		
Name:		
Phone Number:	Alternate Phone Number:	:
Address:		
City/Town:		
Email Address:		
By checking this box, you indicate that you d		

DETAILED INFORMATION OF REQUEST: Please provide date accommodation is needed (if applicable): Please specify the location where accommodation is needed: Please describe your request: Please include any additional comments: ___________ SIGNATURE: DATE: Please submit the completed and signed form to: ADA Coordinator, Town of Ashland Mail to: P.O. Box 1600, Ashland, VA 23005 Hand Deliver: 121 Thompson Street, Ashland, VA 23005 For questions about this form, please contact: ADA Coordinator at wcornwell@ashlandva.gov or call (804) 629-0888. For Office Use Only: Date Received: ______ Date of Contact with Requestor: _____ Date Accommodation is Made/Denied: _____ ☐ The request for accommodation has been GRANTED ☐ The request for accommodation is GRANTED with the following ALTERNATIVE: